Disclosure Re	anort C	over					Amendment Ves No
			informa	tion, must be	signed and su	bmitted along with	other detailed forms.
Do not use this form							N N N N N N N N N N N N N N N N N N N
1. Committee Info	rmation						
a. Full Name							c. ID Number
CAMPAIGN TO E	ELECT FR	EDERICK WILL	IAM CU	JTTER			
b. Mailing Address (in	clude City, S	State and Zip Code)					d. Date Filed
8318 UMSTEAD I		in the second se					10/23/2020
FAYETTEVILLE,	, NC 28304	4					e, Phone Number
							910-494-1025
				1			910-494-1023
2. Report Year	3. Perio	d Start Date (mm/	dd/yy)	4. Period (mm/dd/yy)	End Date	5. Treasurer F	ull Name
2020		7/1/2020			7/2020	AMANDA RO	SE THOMPSON, CPA
6. Type of Commi	ttee (Chec	k One)	9. Ty	pe of Report	(check o	nly one type of rep	ort from one category)
Candidate Camp	paign 🔲	Party	Munic	-7		County	Referendum
PAC		Referendum		Organizationa		Organizational	Organizational
Independent Expenditure		Joint Fundraiser		Thirty-five day	y	Quarterly	Pre-referendum
7. Type of Fund		rable, check one)	10	Pre-primary		First	Final
"Booster Fund"		aute, check one)	18	Pre-election	ΙH	Second	Supplemental Final
Building Fund			lΠ	Pre-runoff		Third	Annual
				Semi-annual		Fourth	Special
				Mid Year	r	Semi-annual	
Other:				Year End	·	Mid Year	10. Special Report Name
0 N 1 CF				Final	니님	Year End Final	
8. Number of Fund	uraisers ti	nis Report	🗀	Special	님	Special	
11. Account Inform				S ESSENTIAL ASSESSMENT	11. Account	Information	
A A & TACCOUNTY ATTACA .	mation						
a. Financial Institution					a. Financial In:	stitution Full Name	
STATE OF THE PROPERTY OF THE PARTY OF THE PA	Full Name					stitution Full Name	
a. Financial Institution	Full Name	. Account Code			a. Financial In:	stitution Full Name	c. Account Code
a. Financial Institution FIDELITY BANK	Full Name	. Account Code				stitution Full Name	c. Account Code
a. Financial Institution FIDELITY BANK	Full Name	. Account Code , Period Begin Balanc	ee			stitution Full Name	c. Account Code  d. Period Begin Balance
a. Financial Institution FIDELITY BANK	c.	, Period Begin Balanc	ee			stitution Full Name	d. Period Begin Balance
a. Financial Institution FIDELITY BANK b. Purpose	c.	, Period Begin Balanc	ce			stitution Full Name	
a. Financial Institution FIDELITY BANK b. Purpose  CERTIFICATION	Full Name	. Period Begin Balanc			b. Purpose		d. Period Begin Balance
a. Financial Institution FIDELITY BANK b. Purpose  CERTIFICATION I certify that the Co	Full Name  c.  d  s	. Period Begin Balance  O  or Fund is in compl	liance w		b. Purpose	s of Article 22A, 22	d. Period Begin Balance \$ 2B, & 22D-22M of Chapter 163 of
a. Financial Institution FIDELITY BANK b. Purpose  CERTIFICATION I certify that the Cothe NC General Sta	d sommittee oututes and t	. Period Begin Balance  or Fund is in completed that no funds are c	liance w	led with prob	b. Purpose	s of Article 22A, 22	d. Period Begin Balance \$ 2B, & 22D-22M of Chapter 163 of
a. Financial Institution FIDELITY BANK b. Purpose  CERTIFICATION I certify that the Cothe NC General Statis complete, true an	d sommittee of atutes and the correct a	. Period Begin Balance  or Fund is in completed that no funds are c	liance w	led with prob	b. Purpose	s of Article 22A, 22	d. Period Begin Balance \$ 2B, & 22D-22M of Chapter 163 of
a. Financial Institution FIDELITY BANK b. Purpose  CERTIFICATION I certify that the Cothe NC General Statis complete, true an	d sommittee of tutes and to a ROSE T	or Fund is in completed that no funds are cand that I have bee	liance w	tled with prob d by the NC S	b. Purpose	s of Article 22A, 22 non-disclosed fun Elections.	d. Period Begin Balance  \$ 2B, & 22D-22M of Chapter 163 of ids. I further certify that this report
a. Financial Institution FIDELITY BANK b. Purpose  CERTIFICATION I certify that the Cothe NC General Statis complete, true an	d sommittee of a correct a A ROSE T	Period Begin Balance  or Fund is in completed that no funds are cand that I have bee HOMPSON	liance w	tled with prob d by the NC S	b. Purpose  able provisions nibited or other State Board of	s of Article 22A, 22 non-disclosed fun Elections.	d. Period Begin Balance  \$ 2B, & 22D-22M of Chapter 163 of ids. I further certify that this report  10/23/2020  Date
a. Financial Institution FIDELITY BANK b. Purpose  CERTIFICATION I certify that the Cothe NC General Statis complete, true an AMANDA	on Full Name  c.  d s ommittee of tutes and to correct at ROSE T Printed  ONLY	Period Begin Balance  or Fund is in completed that no funds are cand that I have bee HOMPSON	liance w	tled with prob d by the NC S	b. Purpose  able provisions nibited or other State Board of	s of Article 22A, 22 non-disclosed fun Elections.	d. Period Begin Balance  \$ 2B, & 22D-22M of Chapter 163 of ods. I further certify that this report  10/23/2020  Date  Delivery Method
a. Financial Institution FIDELITY BANK b. Purpose  CERTIFICATION I certify that the Cothe NC General Statis complete, true an AMANDA  FOR OFFICE USE Date Received	on Full Name  c.  d s  n  ommittee of tuttes and to correct a A ROSE T  Printed  ONLY  :	Period Begin Balance  or Fund is in completed that no funds are cand that I have bee HOMPSON	liance w	gled with prob d by the NC s	b. Purpose  able provisions nibited or other State Board of	s of Article 22A, 22 non-disclosed fun Elections.	d. Period Begin Balance  \$ 2B, & 22D-22M of Chapter 163 of ids. I further certify that this report  10/23/2020  Date  Delivery Method  Normal Mail
a. Financial Institution FIDELITY BANK b. Purpose  CERTIFICATION I certify that the Cothe NC General Statis complete, true an AMANDA FOR OFFICE USE	on Full Name  c.  d s  n  ommittee of tuttes and to correct a A ROSE T  Printed  ONLY  :	Period Begin Balance  or Fund is in completed that no funds are cand that I have bee HOMPSON	liance w	led with prob d by the NC s	b. Purpose  able provisions nibited or other State Board of	s of Article 22A, 22 non-disclosed fun Elections.	d. Period Begin Balance  \$ 2B, & 22D-22M of Chapter 163 of ads. I further certify that this report  10/23/2020  Date  Delivery Method  Normal Mail Registered Mail Hand Delivered
a. Financial Institution FIDELITY BANK b. Purpose  CERTIFICATION I certify that the Co the NC General Sta is complete, true an AMANDA  FOR OFFICE USE Date Received Date Postmark	ommittee of a ROSE TO Printed  ONLY  ed: 0	Period Begin Balance  or Fund is in completed that no funds are cand that I have bee HOMPSON	liance w	Employee:	b. Purpose  able provisions nibited or other State Board of	s of Article 22A, 22 non-disclosed fun Elections.	d. Period Begin Balance  \$ 2B, & 22D-22M of Chapter 163 of eds. I further certify that this report  10/23/2020  Date  Delivery Method Normal Mail Registered Mail Hand Delivered Electronically Filed
a. Financial Institution FIDELITY BANK b. Purpose  CERTIFICATION I certify that the Cothe NC General Statis complete, true an AMANDA  FOR OFFICE USE Date Received	ommittee of a ROSE TO Printed  ONLY  ed: 0	Period Begin Balance  or Fund is in completed that no funds are cand that I have bee HOMPSON	liance w	gled with prob d by the NC s	b. Purpose  able provisions nibited or other State Board of	s of Article 22A, 22 non-disclosed fun Elections.	d. Period Begin Balance  \$ 2B, & 22D-22M of Chapter 163 of ids. I further certify that this report  10/23/2020  Date  Delivery Method Normal Mail Registered Mail Hand Delivered Electronically Filed Signer has not received
a. Financial Institution FIDELITY BANK b. Purpose  CERTIFICATION I certify that the Co the NC General Sta is complete, true an AMANDA  FOR OFFICE USE Date Received Date Postmark	on Full Name  c.  d.  d.  s.  ommittee of a correct a co	Period Begin Balance  or Fund is in completed that no funds are cand that I have bee HOMPSON	liance w	Employee:	b. Purpose  able provisions nibited or other State Board of	s of Article 22A, 22 non-disclosed fun Elections.	d. Period Begin Balance  \$ 2B, & 22D-22M of Chapter 163 of eds. I further certify that this report  10/23/2020  Date  Delivery Method Normal Mail Registered Mail Hand Delivered Electronically Filed

CRO-1000

Amendment

 $\bowtie$ 

No

3. ID Number 1. Committee Full Name (and Fund if applicable) 2. Type of Report THIRD QUARTER PLUS CAMPAIGN TO ELECT FREDERICK WILLIAM DISCLOSURE REPORT **CUTTER** Total this Total this 2020 Start of Election Cycle: January 1, Election Cycle Reporting Period \$ 0 Cash on Hand at Start RECEIPTS \$ 5) Aggregated Contributions from Individuals (CRO-1205) \$ \$ 3,500.00 3,500.00 (CRO-1210) **Contributions from Individuals** Contributions from Political Party Committees \$ (CRO-1220) \$ \$ 8) Contributions from Other Political Committees (CRO-1230) \$ 9) Loan Proceeds (CRO-1410) \$ \$ 10) Refunds/Reimbursements To the Committee (CRO-1240) 11) Other Receipt Sources \$ (CRO-1250) \$ 11a) Interest on Bank Accounts (CRO-1250) \$ \$ 11b) Contributions from Not-for-Profit Organizations \$ (CRO-1250) Ŝ 11c) Outside Sources of Income \$ (CRO-1270) \$ 11d) Legal Expense Fund - Other Sources \$ \$ 11 e) Exempt Purchase Price Sales (CRO-1265) \$ 12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e) EXPENDITURES 13) Disbursements (CRO-1310) 2,485.31 \$ 2,485.31 13a) Operating Expenditures \$ 13b) Contributions to Candidates/Political Committees (CRO-1310) \$ \$ (CRO-1310) 13c) Coordinated Party Expenditures (CRO-1315) \$ 14) Aggregated Non-Media Expenditures \$ (CRO-1420) 15) Loan Repayments \$ Refunds/Reimbursements From the Committee (CRO-1320) \$ 16) \$ (CRO-1510) \$ 17) In-Kind Contributions \$ \$ TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17) 18) \$ 1.014.69 \$ 1,014.69 Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) ADDITIONAL INFORMATION Non-Monetary Gifts Given to Other Committees \$ (CRO-1330) 20) Outstanding Loans (incl. ones from other campaigns) (CRO-1430) \$ 21) \$ Debts and Obligations owed By the Committee (CRO-1610) 22) \$ Debts and Obligations owed To the Committee (CRO-1620) 23) **Account Transfers Within the Committee** (CRO-1720) \$ 24) \$ \$ (CRO-1710) 25) Administrative Support \$ \$ (CRO-1440) 26) Forgiven Loans \$ \$ (CRO-2220) 27) 48-Hour Notice Reports Sum \$ \$ Contributions to be Refunded (CRO-1215)

		n Individuals vidual contributions o	ver \$50	Pg or contributions unde	<u>1</u> of er \$50 if form CR0	<u>8_</u> O 1205 is no	Amendmen Yes ot used	t No
		and Fund if applical				2. ID Nun		
CAMPAI	GN TO ELECT F	REDERICK WILLIA		TTER				
3. Contri	butor Informatio	n			nove			
	ie, Mailing Address &	& Phone		b. Job Title/Profession		d, Comment	ts	
	city, state, & zip)			INSURANCE AGE	ENT			
	LEE JACKSON, J	K		- Elevente Non-/C-	asiGa Fiald			
	H STREET			c. Employer's Name/Sp ALLSTATE INSU				
(910)802	ER, NC 28312			ALLSTATE INSO	MINOL	e. Election S	Sum to Date	
(910)602-	-0333					\$	100	
f. Prior	g. Account Code	h. Form of Payment	i. ln-K	and Description	j. Date (mm/dd/yy	yy)	k. Amount	
		СНЕСК			09/21/2	020	\$	100
							\$	
							\$	
3. Contri	butor Informatio	on Transfer Control	$\boxtimes$	Add 🔲 Ren	nove			
	ie, Mailing Address &	& Phone		b. Job Title/Profession		d. Comment	ts	
	city, state, & zip)			SALES SPECIALI	ST			
	S JACOBI			c. Employer's Name/Sp	ooifia Field	1		
	BAIN DRIVE EVILLE, NC 283	ns.		LOWES	ecine rieiu	1		
(910)323	-	103		LOWES		e. Election S	Sum to Date	
(510)525						\$	100	
f, Prior	g. Account Code	h. Form of Payment	i. In-F	 	j. Date (mm/dd/yy	l	k, Amount	
	gentee	CHECK 3802		1	09/25/2		\$	100
							\$	• • • • • • • • • • • • • • • • • • • •
							\$	
3. Contr	ibutor Informatio	on .		Add Rei	nove			) (1) (2) (2) (2) (2)
a. Full Nan	ne, Mailing Address	& Phone		b. Job Title/Profession		d. Commen	ts	
	city, state, & zip)			BANKER				
1	SEBRING					_		
PO BOX				c. Employer's Name/Sp		-		
	EVILLE, NC 283	305		FIDELITY BANK COMMERCIAL E		e Election	Sum to Date	
(910)916	-//10			COMMERCIAL D	ANKINO		50	
4 5 :		I. P	1 : 1 :	/ind Decoulation	j. Date (mm/dd/y	\$	k. Amount	
f. Prior	g. Account Code	h. Form of Payment	1, 10-1	Kind Description	09/21/2		\$	50
		CHECK			07/21/2	.020	\$	
			1				\$	
L	 					\$	Ψ	250
4. 10ta	romy this rag	ge in the contract of the cont				Ψ		

CRO-1210

5. Total of ALL CRO-1210 Pages

(This line must be on line 6 of Detailed Summary Page CRO-1100)

3,500

\$

Amendment **Contributions from Individuals** Yes 🛛 of No 8\_ Pg Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used 2. ID Number 1. Committee Full Name (and Fund if applicable) CAMPAIGN TO ELECT FREDERICK WILLIAM CUTTER 3. Contributor Information Add Remove d. Comments b. Job Title/Profession a. Full Name, Mailing Address & Phone BUSINESS OWNER (include city, state, & zin)

	N MCPHATTER			BOSINESS O WITH				
4535 JOS				c. Employer's Name/Sj	pecific Field	1		
	ILLS, NC 28348			ALLBRITE PAIN		1		
(910)574-	*					e. Election Sum to Date		
, ,						\$	500	
f, Prior	g. Account Code	h. Form of Payment	i. In-k	Kind Description	j. Date (mm/dd/yy	yy)	k. Amount	
		CHECK 132			4/23/20	)20	\$	500
							\$	
							\$	
3, Contri	butor Informatio	n	$\boxtimes$	Add 🔲 Rei	move			
	ie, Mailing Address d	& Phone		b. Job Title/Profession		d. Commen	ts	
	city, state, & zip)			SOCIAL SERVIC	ES			
	DENISE FERGUSON 1346 CHILTON DRIVE			c. Employer's Name/S	necific Field	1		
FAYETTEVILLE, NC 28314			LIFESPAN	Pecinic 2 1010	1			
(910)493-3999			SOCIAL SERVIC	ES	e. Election S	Sum to Date		
(10)170 0777						\$	100	
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	j. Date (mm/dd/y)	ууу)	k. Amount	
		WESTERN UN			09/23/2	020	\$	100
			ļ .				\$	
							\$	
3. Contri	ibutor Informatio	)n	$\boxtimes$		move			
	ne, Mailing Address d	& Phone				d. Commen	its	
	city, state, & zip)			ARMY RETIRED	)			
	D CUTTER RRIWOOD COU	RT		c. Employer's Name/S	pecific Field	-		
	RD, NC 27330	KI		ARMY RETIRED		1		
(919)704	-					e. Election	Sum to Date	
						\$	100	
f, Prior	g. Account Code	h. Form of Payment	í. In-l	Kind Description	j. Date (mm/dd/y	ууу)	k, Amount	
		CHECK 2175			09/23/2	2020	\$	100
							\$	
							\$	
4. Tota	l only this Pag					\$		700
	l of ALL CRO	)-1210 Pages Detailed Summary Page C	CRO-110			\$		3,500
CDO 13				NC State Board of Electi	one			Anril 2007

		n Individuals vidual contributions o	over \$50		Pg <u>3</u> of nder \$50 if form CR	<u>8_</u> O 1205 is n	Amendment  Yes  ot used	No No
P**		and Fund if applical	***			2. ID Nui		
		REDERICK WILLIA		TTER				
							a d	
1 11 11 11 11 11 11 11 11 11 11	butor Informatio		X		Remove	1		
	ne, Mailing Address &	& Phone		b. Job Title/Professi		d. Commen	ıts	
<del></del>	city, state, & zip)			OWNER - REAL	L ESTATE			
ł	BANTSOLAS	C		c. Employer's Name	Specific Field	-		
	6304 WHITEHALL DRIVE FAYETTEVILLE, NC 28303				75pteme Field	1		
(910)864		03		JNB REALTY COMMERCIAL	REAL ESTATE	e. Election	Sum to Date	
(710)00 7 7551				Commercial	THE BOTTE			
						\$	50	
f. Prior	g. Account Code	h. Form of Payment	i. In-I	Kind Description	j. Date (mm/dd/yy	ууу)	k. Amount	
		CHECK 7647			9/23/20	020	\$	50
							\$	
							\$	
3. Contri	ibutor Informatio	)n	$\boxtimes$	Add 🔲 I	<b>lemove</b>			
a. Full Nan	ne, Mailing Address &	& Phone		b. Job Title/Professi	on	d. Commer	its	
(include	city, state, & zip)			CEO				
I	ES DAVENPORT	JR				_		
i	WCROFT RD			c. Employer's Name	-			
	EVILLE, NC 283	111		FIRM FOUNDA		e. Election Sum to Date		
(910)263	-1687			SOCIAL SERV	ICES	e. Election	Sum to Date	
	·					\$	500	
f. Prior	g. Account Code	h. Form of Payment	i, In-I	Kind Description	j. Date (mm/dd/y	ууу)	k. Amount	
		CHECK 563	ļ <u>-</u>		9/24/20	020	\$	300
		CHECK 564			9/24/2	020	\$	200
							\$	
3. Contri	ibutor Informatio	on	X	Add 🗌 I	Remove			
1	ne, Mailing Address &	& Phone		b. Job Title/Professi		d. Commer	its	
	city, state, & zip)			OFFICE MANA	GER			
	ORFESUS			- T1 - 1 N	JO	-		
404 VAL		005		c. Employer's Name	especific field	4		
(910)672	EVILLE, NC 283	003		OWEN DRIVE SURGICAL CE	NTER	a Flaction	Sum to Date	
(910)072	-0001			30KOICAL CE	WILK		1	
i				1		\$	50	

(910)672	2-0801		SURGICAL CE	SURGICAL CENTER		e. Election Sum to Date	
					\$	50	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yy	уу)	k. Amount	
		CHECK 3495		9/24/20	20	\$	50
						\$	
						\$	
4. Tota	d only this Pag				\$		600
40.000000000000000000000000000000000000		0-1210 Pages Detailed Summary Page (	CRO-1100)		\$		3,500

## Amendment Contributions from Individuals Yes 冈 No Pg Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used 2. ID Number 1. Committee Full Name (and Fund if applicable) CAMPAIGN TO ELECT FREDERICK WILLIAM CUTTER 3. Contributor Information Remove d. Comments b. Job Title/Profession a. Full Name, Mailing Address & Phone COMMERCIAL REALTOR (include city, state, & zip) BERNARD FLEMING c. Employer's Name/Specific Field 2045 LOTHBURY DRIVE FLEMING REAL ESTATE FAYETTEVILLE, NC 28304 e. Election Sum to Date (910)429-2111 250 k. Amount i, In-Kind Description j. Date (mm/dd/yyyy) h. Form of Payment f. Prior g. Account Code \$ 250 9/23/2020 **CHECK 1329** \$ П \$ $\boxtimes$ Add Remove 3. Contributor Information b. Job Title/Profession d. Comments a. Full Name, Mailing Address & Phone **PRESIDENT** (include city, state, & zip) ANDREW O'QUINN c. Employer's Name/Specific Field 325 WOODCREST ROAD THOMSON & LITTLE **FAYETTEVILLE, NC 28305** e. Election Sum to Date KITCHEN DESIGN (910)476-7967 100 \$ k. Amount j. Date (mm/dd/yyyy) i. In-Kind Description h. Form of Payment f. Prior g. Account Code \$ 100 9/22/2020 **CHECK 1548** \$ \$ 3. Contributor Information X Remove b. Job Title/Profession d. Comments a. Full Name, Mailing Address & Phone PRESIDENT (include city, state, & zip) MICHAEL KARAMAN c. Employer's Name/Specific Field 439 WESTWOOD CENTER #15 **BRANTLEY ELECTRONICS** FAYETTEVILLE, NC 28314 e, Election Sum to Date (910)860-1000

\$ 250 k. Amount j. Date (mm/dd/yyyy) h. Form of Payment i. In-Kind Description f. Prior g. Account Code 9/23/2020 \$ 250 **CHECK 1308** \$ \$ \$ 600 4. Total only this Page 5. Total of ALL CRO-1210 Pages \$ 3,500

(This line must be on line 6 of Detailed Summary Page CRO-1100)

## Amendment **Contributions from Individuals** Yes 冈 No Pg Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used 2. ID Number 1. Committee Full Name (and Fund if applicable) CAMPAIGN TO ELECT FREDERICK WILLIAM CUTTER Remove 3. Contributor Information b. Job Title/Profession d. Comments a. Full Name, Mailing Address & Phone US DEPT OF DEFENCE (include city, state, & zip) DANNY ACEVEDO c. Employer's Name/Specific Field 210 HAVERHILL DRIVE RETIRED FAYETTEVILLE, NC 28314 e. Election Sum to Date (910)476-4119 \$ 125 j. Date (mm/dd/yyyy) k. Amount i, In-Kind Description g. Account Code h. Form of Payment f. Prior \$ 125 9/24/2020 **CHECK 1176** \$ П \$ × Add Remove 3. Contributor Information d. Comments b. Job Title/Profession a. Full Name, Mailing Address & Phone SALES REP (include city, state, & zip) DOUG BRISSON c. Employer's Name/Specific Field 1509 TULLAMORE LANE **COPIERS PLUS** FAYETTEVILLE, NC 28303 e. Election Sum to Date (910)237-5924 100 \$ k. Amount j. Date (mm/dd/yyyy) i. In-Kind Description h. Form of Payment f. Prior g. Account Code \$ 100 9/25/2020 **CHECK 1263** S П \$ Remove X Add 3. Contributor Information b. Job Title/Profession d. Comments a. Full Name, Mailing Address & Phone **PRESIDENT** (include city, state, & zip) CHRISI L HARTMAN c. Employer's Name/Specific Field 6868 MORAY STREET CHRISTI LOWE PRODUCTIONS LINDEN, NC 28356 e, Election Sum to Date VIDEO PRODUCTIONS (615)207-2271

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
		CHECK 2680		9/29/2020	\$	50
					\$	
					\$	
4. Tota	l only this Pag	<b>(*</b>		\$		275
5. Tota	of ALL CRO	)-1210 Pages	CRO-1100)	to and a second bound of the State of the St		3,500

## Amendment Contributions from Individuals $\boxtimes$ No Yes Pg Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used 2, ID Number 1. Committee Full Name (and Fund if applicable) CAMPAIGN TO ELECT FREDERICK WILLIAM CUTTER Add Remove 3. Contributor Information b. Job Title/Profession d. Comments a. Full Name, Mailing Address & Phone PRESIDENT (include city, state, & zip) ROBERT SMITH c. Employer's Name/Specific Field 3621 LAKESHORE DRIVE **COPIERS PLUS** HOPE MILLS, NC 28348 e. Election Sum to Date **TECHNOLOGY SALES** (910)424-2396 200 j. Date (mm/dd/yyyy) k. Amount i. In-Kind Description h. Form of Payment f. Prior g. Account Code 200 9/29/2020 \$ CHK 11038 \$ П \$ П П $\boxtimes$ Add Remove 3. Contributor Information b. Job Title/Profession d. Comments a, Full Name, Mailing Address & Phone PRESIDENT (include city, state, & zip) **EMERY DELONG** c. Employer's Name/Specific Field 109 INLET DRIVE DFD DECO RAEFORD, NC 28396 e. Election Sum to Date CONSTRUCTION (910)224-2024 200 \$ k. Amount j. Date (mm/dd/yyyy) i. In-Kind Description f. Prior h. Form of Payment g. Account Code \$ 9/30/2020 200 MONEY ORDE Ŝ \$ X Add Remove 3. Contributor Information b. Job Title/Profession d. Comments a. Full Name, Mailing Address & Phone ARMY RETIRED (include city, state, & zip) **EJ SNYDER** c. Employer's Name/Specific Field 2805 BARDOLINO DRIVE ARMY RETIRED **FAYETTEVILLE, NC 28306** e. Election Sum to Date (910)977-2424

					\$ 100	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	 k. Amount	
		CHECK 2305			\$	100
					\$	
					\$	
4. Tota	l only this Page				\$ 	500
	l of ALL CRO-		RO-1100)		\$	3,500

	.,	n Individuals vidual contributions o	ver \$50	P or contributions un		<u>8</u> O 1205 is n	Amendmen Yes ot used	t No
1. Comm	ittee Full Name (	and Fund if applicat	ole)			2. ID Nur	mber	
CAMPAI	GN TO ELECT F	REDERICK WILLIA	M CU	ГТЕR				
3. Contri	butor Informatio	n	$\boxtimes$	Add 🔲 R	emove			
	ie, Mailing Address &	k Phone		b. Job Title/Professio	n	d. Commen	ıts	
	city, state, & zip)			HOMEMAKER				
	A NAUSIDAS KEWOOD DRIVI	3		c. Employer's Name/	Specific Field	-		
	EVILLE, NC 283			( Disployer Brance	~p++++++++++++++++++++++++++++++++++++	-		
(910)578-	·					e. Election	Sum to Date	
						\$	100	
f. Prior	g. Account Code	h. Form of Payment	i. ln-k	Kind Description	j. Date (mm/dd/y	ууу)	k. Amount	
		CASHIER CK			9/30/2	020	\$	100
							\$	
							\$	_
3. Contri	ibutor Informatio	<b>II</b> (	$\boxtimes$	Add 🔲 R	emove			
	ne, Mailing Address &	& Phone		b. Job Title/Profession		d, Commer	ıts	
	city, state, & zip)			OFFICE MANA	GER			
*	NA FONKE YLYN PLACE			c. Employer's Name/	Specific Field	1		
	EVILLE, NC 283	14		FAYETTEVILLE FAMILY				
(910)578	-0249			CHIRO		e. Election Sum to Date		
						\$	50	
f, Prior	g. Account Code	h. Form of Payment	i. In-F	Cind Description	j. Date (mm/dd/y	ууу)	k, Amount	
		CHECK 226			10/1/2	020	\$	50
						* : ***	\$	
							\$	
3. Contri	ibutor Informatio	n	$\boxtimes$	Add 🔲 R	emove			
	ne, Mailing Address &	& Phone		b. Job Title/Profession		d. Commer	nts	
	city, state, & zip) ES SULLO			OWNER HOME	INSPECTIONS			
	ES SULLU IMA COURT			c. Employer's Name	Specific Field	1		
	/ER, NC 28312			SELF EMPLOY				
(678)410-4698		HOME INSPECTIONS e. Election Sum to Date						

				\$	150	
f. Prior	g. Account Code	h. Form of Payment	i, In-Kind Description	j. Date (mm/dd/yyyy)	k. Amoun	<u> </u>
		CHECK 527		10/9/2020	\$	150
					\$	
					\$	
4. Tota	l only this Pag	æ		\$		300
<ul> <li>Since it with the single feet feet in</li> </ul>	bata kata kali kata kata kali kali kata kali kali kali kata kali kali kali kata kali ka	0-1210 Pages Detailed Summary Page (		\$		3,500

~		T 11 11 1					Amendment	<b>5</b> 7
		n Individuals	0.50	Pį		0.1205 is no	Yes	⊠ No
energy and the second s	THE RESERVE OF THE PROPERTY OF	vidual contributions ov and Fund if applicabl		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	ger 550 II Ioim CR	2, ID Nun		
		REDERICK WILLIA						
vers and the State of State			·					
25,26,000,000,000,000,000	butor Informatio		$\boxtimes$	Add Re	emove	d. Comment	lo.	
	ie, Mailing Address & city, state, & zip)	& Phone		RETIRED ARM		u, Commen	13	
	WINBUSH							
7116 TO	LLHOUSE DRIVI	E		c. Employer's Name/S		_		
	EVILLE, NC 283	14		RETIRED ARMY	Y	Dit 6	4- D-4-	
(910)864	-4830					e. Election S		
						\$	100	
f. Prior	g. Account Code	h. Form of Payment	j, In-k	Kind Description	j. Date (mm/dd/y	ууу)	k. Amount	
		CHK 15420			10/9/2	020	\$	100
							\$	
							\$	
3. Contri	ibutor Informatio	) <b>n</b>	$\boxtimes$	Add 🔲 R	emove			1600 1700 1700 1700 70
a. Full Name, Mailing Address & Phone				b. Job Title/Professio		d. Commen	ts	
	city, state, & zip)			US ARMY / MIL	JTARY			
PO BOX	ES SIMMONDS			c. Employer's Name/S	Snecific Field	-		
1	EVILLE, NC 283	14		US ARMY / MIL		_		
(910)671	•					e. Election S	Sum to Date	
						\$	150	
f, Prior	g. Account Code	h. Form of Payment	i, In-l	Lind Description	j. Date (mm/dd/y	ууу)	k. Amount	
		MONEY ORDE			10/13/2	2020	\$	150
							\$	
							\$	
3. Contr	ibutor Informatio	on	X	Add 🔲 R	emove			
a. Full Nar	ne, Mailing Address	& Phone		b. Job Title/Profession		d. Commen	ts	
	city, state, & zip)			ARMY RETIRE	D			
1	S ZUMBAHLEN			c. Employer's Name/	Specific Field			
PO BOX	. 53815 RAGG, NC 28305			ARMY RETIRE		-		
(910)309					_	e. Election S	Sum to Date	
						\$	25	
f. Prior	g. Account Code	h. Form of Payment	i, In-	LKind Description	j. Date (mm/dd/y	ууу)	k. Amount	
		CHECK 7841			10/14/	2020	\$	25
							\$	
							\$	

CRO-1210

4. Total only this Page

5. Total of ALL CRO-1210 Pages

(This line must be on line 6 of Detailed Summary Page CRO-1100)

275

3,500

\$

\$

Disbursements	Pg 1

	Amendment		
1	□ Ves	$\square$	No

Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures.

1. Committee Full Name (and Fund if applicable)  2. ID Number					
CAMPAIGN TO ELECT FREDERICK WILLIAM CUTTER					
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)					
Operating Expenses Contributions to Candidates/Political Committees Coordinated Party Expenditures					
4. Payee Inform	ation	X	Add	Remove	
a. Full Name, Maili	ng Address & Phone		b. Coordinated Committee Name		d. Comments
(include city, state,					
INTERNATION	NAL MINUTE PRE	SS			]
1005 ARSENAL AVE			c. Level Registered (Specify)		
FAYETTEVILLE, NC 28305			Federal	County:	
			State	Municipality:	e. Election Sum to Date
					\$ 1,385.31
					\$ 1,363.31
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	CHECK	В	0/25/2020	£1 205 21	PALM CARDS
	CHECK	В	9/25/2020	\$1,385.31	YARD SIGNS
				6	
				\$	
4. Payee Inform	ation	X	Add	Remove	
	ng Address & Phone		b. Coordinated Committee Name		d. Comments
(include city, state,	==				
SERIES 5 TECHNOLOGY					
PO BOX 1852	_		c. Level Registered (Specify)		
RAEFORD, NC 28376			Federal County:		
IGIBLOND, NO 20070			State	Municipality:	e, Election Sum to Date
				tranopting.	C Diction Dail to Dail
					\$ 600.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	CHECK		10/02/2020	\$600	WEBSITE DESIGN
	CHECK	A	10/02/2020	\$600	/ MAINTENANCE
				\$	
4. Payee Inform			Add Remove		<b>1</b>
a. Full Name, Maili	ng Address & Phone		b. Coordinated Committee Name		d. Comments
(include city, state, & zip)					
FACEBOOK					
			c. Level Registered (Specify)		
			Federal County:		
			State	Municipality:	e. Election Sum to Date
					\$ 500.00
f. Account Code	g. Form of Payment	h, Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
a Account Cour	g, rvini vi i ayınçılı	post Cout	L Date (min/ud/yyyy)	1. crmotint	FACEBOOK ADS
	DEBIT CARD	Α	10/09/2020	\$250	FACEDOOK ADS
					EACEDOOK ADO
	DEBIT CARD	A	10/13/2020	\$250	FACEBOOK ADS
E (T) (4-1121)			<u> </u>	] 	¢ 2.405.21
5. Total only this Page \$ 2,485.31					
6. Total of ALL CRO-1310 Pages (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)					
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)  (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)					\$ 2,485.31
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)					
7. Purpose Codes (List detailed expenditure code in (h.) above)					
A* - Media E - Salaries	9			D - To Another Candidate  H* - Holding Public Office Expenses	
					n to Legal Expense Fund
O* - Other					
* Codes require detailed explanation in required remarks field (k)					